

State of Minnesota**District Court**

County

Judicial District: _____

Court File Number: _____

Case Type: Dissolution

In Re the Marriage of:

Name of Petitioner/Plaintiff☐ **Petitioner's** ☐ **Respondent's**

and

**Application
for Temporary Relief**_____
Name of Respondent/Defendant

STATE OF MINNESOTA)
) SS
 COUNTY OF _____)
 (County where *Affidavit* signed)

My name is _____ and I state under oath that I am the
 (*check one*): ☐ Petitioner/Plaintiff ☐ Respondent/Defendant in this case, and in this
Application for Temporary Relief, I will be referred to as the: ☐ Husband ☐ Wife. I
 understand that as I fill out this *Application for Temporary Relief*, I am under oath and must tell
 the truth.

1. The parties were married on (*month/day/year*) _____. The
 Wife's age is _____ years and the Husband's age is _____ years.
2. The parties have been separated _____ month(s), during which time:
☐ Wife ☐ Husband has paid \$ _____ to the: ☐ Wife ☐ Husband.
3. a. During the marriage, the following child(ren) were born to or adopted by the parties:

Child's Full Name (<i>first, middle, last</i>)	Date of Birth	Lives With	Child's Address (Street Address, City, State, Zip Code)

- b. The family home is: ☐ owned ☐ rented by the parties.

The family home is now occupied by: ☐ Wife ☐ Husband ☐ Both parties.

Other person(s) live in the home (*please specify*): _____

- c. It is in the best interests of the child(ren) that the child(ren) be in the **physical** custody of the ☐ wife ☐ husband ☐ both parties because (*specifically explain your reasons*) _____

- d. The wife has _____ minor child(ren) from a previous marriage or relationship.

The wife: ☐ pays ☐ receives \$ _____ per month for the support of the minor child(ren).

- e. The husband has _____ minor child(ren) from a previous marriage or relationship.

The husband: ☐ pays ☐ receives \$ _____ per month for the support of the minor child(ren).

4. The parties have the following assets:

Description of Asset	Wife uses or in wife's name	Husband uses or in Husband's name	Both use or in both names
a. Car market value	\$ _____	\$ _____	\$ _____
Balance due	\$ _____	\$ _____	\$ _____
Year/Make	_____/_____	_____/_____	_____/_____
b. Stocks, Bonds, Notes	\$ _____	\$ _____	\$ _____
c. Cash and Savings	\$ _____	\$ _____	\$ _____
d. Accounts Receivable	\$ _____	\$ _____	\$ _____
e. Homestead/Real Estate	\$ _____	\$ _____	\$ _____

5. Secured debts (not including those listed above and not including homestead; attach additional sheets, if necessary):

Name of Creditor	Balance Due	Monthly Payment	Party Obligated	Security Pledged
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____

6. Necessary Monthly Expenses (for you and the child(ren) if the child(ren) live with you):

Monthly Expense	Wife/Husband Expenses	Child(ren) Expenses
a. Rent	\$ _____	\$ _____
b. Mortgage payment	\$ _____	\$ _____
c. Contract for Deed payment	\$ _____	\$ _____
d. Homeowner's insurance	\$ _____	\$ _____
e. Real Estate taxes	\$ _____	\$ _____
f. Utilities	\$ _____	\$ _____
g. Heat	\$ _____	\$ _____
h. Food	\$ _____	\$ _____
i. Clothing	\$ _____	\$ _____
j. Laundry and Dry Cleaning	\$ _____	\$ _____
k. Medical and Dental	\$ _____	\$ _____
l. Transportation	\$ _____	\$ _____
m. Car Insurance	\$ _____	\$ _____
n. Life Insurance	\$ _____	\$ _____
o. Recreation/Travel	\$ _____	\$ _____
p. Newspapers/Magazines	\$ _____	\$ _____
q. Social, Church obligations	\$ _____	\$ _____
r. Personal Allowances/Incidentals	\$ _____	\$ _____
s. Babysitting and Day Care	\$ _____	\$ _____

t. Home Maintenance	\$ _____	\$ _____
u. Child(ren)'s School Needs	\$ _____	\$ _____
v. Child(ren)'s Allowances	\$ _____	\$ _____
w. Additional info (<i>explain</i>):	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

TOTAL MONTHLY EXPENSES \$ _____ \$ _____

7. Provide the following data for each employer. Attach paycheck stub(s) for the last month, or if available, the last three month(s):

	Husband	Wife
a. Name of Employer	_____	_____
Type of Employment	_____	_____
b. Income:		
(1) Gross Income per month (monthly income is to be calculated using a 4.3 multiple).	\$ _____	\$ _____
(2) Statutory Deductions		
Federal Income Tax	\$ _____	\$ _____
State Income Tax	\$ _____	\$ _____
Social Security, FICA, Medicare	\$ _____	\$ _____
Pension Deduction	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____
Dependent Health/Hospitalization Coverage	\$ _____	\$ _____
Dental Coverage	\$ _____	\$ _____
(3) Subtotal Statutory Deductions	\$ _____	\$ _____
(4) Net Income (line 1 subtract line 3)	\$ _____	\$ _____
(5) Other Pay Deductions (specify)		

- | | | |
|---------------------------------------------------|-----------------|-----------------|
| | \$ _____ | \$ _____ |
| (6) Subtotal Other Deductions | \$ _____ | \$ _____ |
| (7) Net Take Home Pay
(line 4 subtract line 6) | \$ _____ | \$ _____ |
- c. Tax withholding figures above are based on Married/Single taxpayer status with what number of deductions (for example; M-4, S-2):
- | | | |
|--|----------|----------|
| | \$ _____ | \$ _____ |
|--|----------|----------|
- d. Employer reimbursed expenses
- | | | |
|--|----------|----------|
| | \$ _____ | \$ _____ |
|--|----------|----------|
- Specify: _____
- _____
- e. Other income
- | | | |
|------------------------------------------------------|----------|----------|
| (1) Public Assistance (AFDC/GA) | \$ _____ | \$ _____ |
| (2) Social Security Benefits for party or child(ren) | \$ _____ | \$ _____ |
| (3) Unemployment/Worker's Comp. | \$ _____ | \$ _____ |
| (4) Interest income per _____ | \$ _____ | \$ _____ |
| (5) Dividend income per _____ | \$ _____ | \$ _____ |
| (6) Gross rental income | \$ _____ | \$ _____ |
| (7) Other: _____ | \$ _____ | \$ _____ |
8. a. \$ _____ per month is a reasonable amount to be **paid by me** for temporary support for _____ (*number of*) child(ren).
- b. \$ _____ per month is a reasonable amount to be **paid to me** for temporary support for _____ (number of) child(ren).
- c. Payment should be made on the first (1st) and fifteenth (15th) of each month starting on (month, day, year) _____.
9. a. \$ _____ has been paid on wife's attorney's fees and costs.
- b. \$ _____ has been paid on husband's attorney's fees and costs.
- c. \$ _____ is reasonable for the: ☐ Wife's ☐ Husband's attorney's fees and costs.

10. Additional Material Facts:

Based upon the above information, I ask the Court for an Order granting such relief prior to trial as may be just and lawful.

Dated: _____

Signature of: ☐ Petitioner ☐ Respondent

(Sign only in front of notary public or court administrator.)

Name: _____

Sworn/affirmed before me this

Address: _____

_____ day of _____, _____.

City/State/Zip: _____

Notary Public \ Deputy Court Administrator

Telephone: (_____) _____